

SMMGP

Substance Misuse Management in General Practice Newsletter

Second National Conference on Managing Drug Users in General Practice:
'Embracing the Diversity'. Friday April 25th 1997

A. It is clear that many GPs are involved to a high standard with the care of drug users throughout the UK.

1. There is a lack of and a need for primary care based research on effective interventions and models of care.

2. Although there has been an increase in support provided by specialist services, there is an urgent need to provide a framework of GP support with secure funding.

3. There is much more to the care of drug users than prescribing methadone. Other interventions need to be developed.

B. "As representatives of general practice, we regret the loss of the addicts index. We deplore the lack of consultation before the decision was taken. We recognise that the decision has been made, but we are concerned that we have lost the possibility of checking if our patients are being prescribed for elsewhere, both for our own and our patient's welfare.

We call upon existing regional databases to be improved and to replace the lost function and for them to engage more with general practice."

These were the consensus statements from the Second National Conference on Managing Drug Users in General Practice. 120 GPs and other professionals from the drugs field came together to debate further the role and function of general practice in managing drug users. There was a natural sense of development from last year's conference, which had *primarily focused on whether* general practice should be involved in this area of work. Last year's consensus statement "that all GPs should offer GMS to their drug users, ..and where they take on an extended role in the care of these patients should be resourced in recognition of the extra workload involved". This has now been accepted by RCGP Council, quoted by the

Department of Health and supported by the BMA. This year the debate continued, but with less questioning as to whether or not GPs should be involved, but with more examining the extent to which they can, and what that involvement should be. There was a sense of maturing debate, at once embracing the complexity of the subject, and the diversity of the views and beliefs being heard and shared. Following on from an oversubscribed conference the year before, the Ort Conference Centre was packed to the rafters with GPs listening to a wide range of presentations from other GPs, providers and users of services, covering a diverse range of subjects. A debate was facilitated between Richard Watson and Tom Waller on methadone maintenance being a valued intervention or prohibitor of change. This was a valuable insight on the impact and long term efficacy of methadone maintenance prescribing, and although it became impossible to vote on the original motion, the concept that Methadone Maintenance treatment should always aim for abstinence was defeated overwhelmingly. There were a wide range of workshops on: prescribing injectables; treatment outcomes; assessment and treatment goals; core and non-core services; shared care; evidence based practice; extending the function of the GP; GPs developing services; and questions on whether shared care should be formalised. The conference seemed to reflect at once the diversity, and complexity of the subject matter. However some of the key concerns emerging from the day were that:

- It still seems unclear precisely what shared care means in the real world. It seems to be a commonly used term with little formal definition between parties, and not necessarily being embraced in formalised procedures and protocols, service configuration or resource allocation.
- There are real fears that if funds are given to help GPs to deliver primary care for drug users that this will be diverted from secondary services who will then be unable to supply the support the doctors' need to care for drug users in the first place.
- At the same time there were general criticisms of the apparent inflexibility of traditional specialist services regimes and the attitudes of some of the staff to their clients.
- There are continuing concerns about the issues of funding and training.

The conference was evaluated extremely highly, with 86% of respondents reporting it achieving its aims and objectives, it facilitated debate, and expecting it to become an annual event. A full conference report is to be prepared and it is expected to be published in the Summer.

Are you interested in *research, research in general practice and primary care* examining the care and management of *drug users*. If so then please register your interest with Dr Berry Beaumont, who is developing a network of those who are interested to develop this area further. Please send your name address and contact number to: Dr B Beaumont, 23 Jackson Road, London N7 6ES. Tel: 0171 607 4992.

If you have contributions, suggestions or would like to join the mailing list for this newsletter, please contact: Brian Whitehead & Chris Ford, SMMGP Newsletter, Brent & Harrow Health Authority, Grace House, Harrovia Business Village, Bessborough Road, Harrow HA1 3EX